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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/147,666 05/17/2002 PAT 6,855,098

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	VA	10	20/14	4/0
Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>			

ADDRESS

 JACOBSON HOLMAN
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 WASHINGTON , DC
 20004

TITLE

Low-resistance exercise and rehabilitation chair

FILING FEE RECEIVED 693	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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